

# **NEWS RELEASE**



For Immediate Release April 8, 2014

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# FDOT warns of potential fraud involving collection of unpaid tolls

FORT LAUDERDALE — Officials with the Florida Department of Transportation issued a public warning today asking people to be wary of any attempt made by a company calling itself TOLL ENFORCEMENT LLC to collect unpaid tolls.

"FDOT is aware of a letter that is being circulated by TOLL ENFORCEMENT, LLC that says 'Final Warning Notice' and proceeds to ask the recipient to immediately pay outstanding toll amounts, plus a fee of \$50.00, with a cashier's check or money order." Said Chad Huff, spokesman for the Florida's Turnpike Enterprise.

FDOT does not do business with any company by the name of TOLL ENFORCEMENT, LLC, and has posted a fraud alert on the <u>Florida's Turnpike Enterprise</u> website, the <u>SunPass</u> Website, and the <u>Toll-By-Plate</u> website. FDOT officials say that any toll violations or warnings issued by the department will be printed in official document form and will prominently feature the date, time and location of the alleged infraction as well as a photo of the vehicle passing through a toll plaza. Examples are provided as an attachment. The TOLL ENFORCEMENT, LLC document features none of these identifying traits.

Florida Highway Patrol, as well as the Miami-Dade Police Department and other local law enforcement are actively investigating this matter.

We are asking any resident that receives one of these fraudulent documents to contact SunPass at 888-865-5352. All information will be turned over to law enforcement for further investigation.

**Examples on following pages:** 



# **Unpaid Toll Violation notice example:**

# **UNPAID TOLL VIOLATION**

Document ID	Account ID	Previous Balance	Payments / Adjustments	Current Toll Charges	Current Fees / Charges	Total Amount Due	Due Date
UTV00000001	1234567	\$ 6.00	\$ 0.00	\$ 0.00	\$ 2.50	\$ 8.50	Sep 18, 2011



lalladlandldlalalaladlaladdlaldlalladladlad JOHN B DOE 7941 GLADES ROAD **BOCA RATON FL 33434-3115** 

#### **RE: NOTICE OF TOLL VIOLATIONS DUE**

You are receiving this document for toll transactions listed. Please pay the total amount due by the due date listed to prevent Incurring additional fees, or potential citations issued by the Florida Department of Transportation. See below for all payment options. If you remit by mail, send the check payable to Florida Department of Transportation include the payment coupon below. If you are an E-PASS or Leeway customer, contact your appropriate agency.



License Plate: FL-ABC123

If you are NOT the registered owner of the license plate listed above, please contact the number below.

#### CONTACT INFORMATION

PAY WITH CASH MAIL PAY / QUESTIONS BY **PAY ONLINE** PHONE TOLL-BY-PLATE 888-865-5352 TOLL-BY-PLATE.COM/CASH PO BOX 105477 FDOTdocuments.com FOR A LOCATION Se habla español llame Atlanta, GA 30348-5477 **NEAR YOU** 

Return portion below with payment. ▼

#### UNPAID TOLL VIOLATION Payment Coupon

Include Document ID on check and return payment

	Check to update address	
$\Box$	Please provide information on the reverse side.	•

JOHN B DOE 7941 GLADES ROAD **BOCA RATON FL 33434-3115**  Plate: FL- ABC123 Document ID: UTV000000001 Due Date:

Sep 18, 2011

Account ID:

1234567

Amount Due:

\$8.50

Florida Department of Transportation VIOLATION ENFORCEMENT SECTION PO Box 105477 Atlanta GA 30348-5477

#### Dear Recipient:

Occasionally travelers may find themselves in a SunPass® lane by mistake or without their transponder. When this occurs, an image of the vehicle with the unpaid toll transaction is recorded. One or more unpaid toll transactions associated with your license plate has been recorded. Your payment options are shown below:

If you are a SunPass® Account Holder: To resolve this matter, please call the SunPass® Service Center Monday through Friday, 7 a.m. to 7 p.m., at 1-888-TOLL-FLA (888-865-5352) and press option #5. When calling, please provide the SunPass® representative with the Document ID, and your SunPass® account information.

If you are an E-PASS or LeeWay Account Holder: Prior to the due date, please contact your agency's Customer Service Center and they will promptly assist you with this matter.

If you are NOT a SunPass®, E-PASS or LeeWay Account Holder: Return the PAYMENT COUPON included with this notice along with your payment using the pre-addressed envelope provided. Payments are accepted by check or money order only. DO NOT MAIL CASH.

If you are NOT the registered owner of the license plate listed on the document, please contact customer service at the number listed below.

PAY ONLINE	MAIL TOLL-BY-PLATE	PAY / QUESTIONS BY PHONE	PAY WITH CASH
FDOTdocuments.com	PO BOX 105477	888-865-5352	TOLL-BY-PLATE.COM/CASH
	Atlanta, GA 30348-5477	Se habla español	FOR LOCATION NEAR YOU

As per section 316.1001, F.S., if document is not paid in full by the due date listed, the Department has the authority to issue a Uniform Traffic Citation (UTC) for each toll transaction listed in this document.

Return portion below with payment. ▼

14.00 m	You may pay	your document o	nline at FDOTdocuments.com
► Please include t			CH OR TEMPORARY CHECKS! soney order to ensure proper application of the payment.
Address Cha	inge		
New Address			
City	State	Zip	

Questions? Contact the SunPass® Customer Service Center via:

Phone: 888-865-5352 Email: UTVToll@dot.state.fl.us

Mail: Florida Department of Transportation, VIOLATION ENFORCEMENT SECTION, PO Box 105477, Atlanta, GA 30348-5477.



### Toll-By-Plate invoice example:

# **TOLL-BY-PLATE INVOICE**

Invoice ID	Account ID	Previous Balance	Payments / Adjustments	Current Toll Charges	Current Fees / Charges	Total Amount Due	Due Date
INV00000001	1234567	\$ 5.50	\$ 0.00	\$ 0.00	\$ 2.50	\$ 8.00	Sep 08, 2011

JOHN B DOE 7941 GLADES ROAD **BOCA RATON FL 33434-3115** 

#### **RE: NOTICE OF TOLL PAYMENT DUE**

You are receiving this document for toll transactions listed. Please pay the total amount due by the due date listed to prevent Incurring additional fees, or potential citations issued by the Florida Department of Transportation. See below for all payment options. If you remit by mail, send the check payable to Florida Department of Transportation include the payment coupon below. If you are an E-PASS or Leeway customer, contact your appropriate agency.



License Plate: FL- ABC123

If you are NOT the registered owner of the license plate listed above, please contact the number below.

#### **CONTACT INFORMATION**

PAY	ONL	INE

tollbyplate.com

MAIL **TOLL-BY-PLATE** 

PO BOX 105477 Atlanta, GA 30348-5477 **PAY / QUESTION** BY PHONE

888-824-8655 Se habla español **PAY WITH CASH** 

TOLL-BY-PLATE.COM/CASH FOR A LOCATION NEAR YOU

As per section 316.1001, F.S., if invoice is not paid in full by the due date listed, the Department has the authority to issue a Uniform Traffic Citation (UTC) for each unpaid toll transaction listed in this invoice.

Return portion below with payment. ▼

### **TOLL-BY-PLATE INVOICE**

Payment Coupon

Include Invoice ID on check and return payment

Plate: Invoice ID: FL-ABC123

Due Date:

09/08/2011

INV000000001

Account ID: Amount Due: 1234567 \$8.00

Check to update address

Please provide information on the reverse side. >

JOHN B DOE 7941 GLADES ROAD BOCA RATON FL 33434-3115 **Amount Enclosed: \$** 

TOLL-BY-PLATE PO Box 105477 Atlanta GA 30348-5477

# TOLL-BY-PLATE PROGRAM FLORIDA ADMINISTRATIVE CODE RULE 14-100.005

- (1) Purpose. The purpose of this rule is to establish the process of video billing on the Florida Turnpike System and other Department owned toll facilities. Video billing provides an image-based method for the collection of tolls without the need for a transponder, while improving efficiency, reducing customer delay, and enhancing safety.
- (2) Definition. "TOLL-BY-PLATE" means an image-based video billing system using photographic images of a vehicle's license plate to identify the customer responsible for toll payment.
- (3) Process. If a vehicle passes through a toll collection facility and the toll payment is not made by either using cash or a transponder, a photographic image of the vehicle's license plate will be captured at the toll lane and the first-listed registered owner of that vehicle will be considered the TOLL-BY-PLATE customer. The license plate numbers (LPN) are extracted from the image of the vehicle's license plate, and matched to the LPN for an existing TOLL-BY-PLATE account. If no TOLL-BY-PLATE account is found, the registered owner of the vehicle will be identified through a vehicle registration lookup process. The TOLL-BY-PLATE customer will have 10 days after using the toll facility to contact the Department and pay their toll or establish a pre-paid toll account. Currently, the Department may be contacted about these matters by calling 1(808) 824-8655). If the TOLL-BY-PLATE customer does not contact the Department within that 10-day period an invoice of the accumulated toll amounts and an administrative charge as described in section (7), applicable to the first 14 days of transactions, will be mailed to the vehicle's registered owner for payment. Any subsequent invoice will reflect the customer's TOLL-BY-PLATE transactions for a one-month or shorter period of time.
- (4) Establishment of accounts. TOLL-BY-PLATE accounts will be established by either the customer or the Department.
- (a) Customers may establish a TOLL-BY-PLATE account by providing the vehicle LPN and specifying a pre-paid or post-paid account.
- (b) If a TOLL-BY-PLATE account has not been established by a customer within the 10-day period after the first toll transaction use, the Department will establish a post-paid account. Identification of the vehicle will be by review of the LPN image taken at the tolling facility, supplemented as necessary by identifying the vehicle's characteristics and subsequent LPN lookup.
- (5) Method of TOLL-BY-PLATE payment. TOLL-BY-PLATE accounts can be set up as pre-paid or post-paid accounts.
- (a) Pre-Paid TOLL-BY-PLATE Accounts. Customers have the option of establishing and maintaining pre-paid toll account via credit or debit card, cash, check or money order deposits, from which applicable toll amounts will be debited. Pre-paid TOLL-BY-PLATE account customers whose balance is insufficient to cover the monthly accumulated toll amounts are subject to an invoice for the full toll amount and the administrative charge.
- (b) Post-Paid TOLL-BY-PLATE Accounts. Customers will receive an invoice on a scheduled billing cycle for post-payment of toll amounts and applicable administrative charges. Invoice payments by post-paid TOLL-BY-PLATE account customers' will be applied to the oldest toll transaction first, or as specified by the account customer.
- (6) TOLL-BY-PLATE Toll Rate. TOLL-BY-PLATE toll customers shall pay the TOLL-BY-PLATE toll rate established in Rule 14-15.0081, F.A.C., for each facility that offers TOLL-BY-PLATE toll collection.
- (7) Administrative Charges. The Department will establish and collect amounts to recover the costs of administering video billing. This amount covers the additional administrative costs of the Department, such as reviewing photographic images of license plates captured at the toll collection facilities, generating and sending invoices, processing payments received, managing accounts, and other related costs. The administrative charge shall be \$2.50 per invoice.
- (8) TOLL-BY-PLATE Accounts and Toll Collection. TOLL-BY-PLATE customers with post-paid accounts will be sent an invoice at the end of the billing cycle with the administrative charge added to the invoice, in addition to the unpaid toll amount based on the TOLL-BY-PLATE rate applicable to the location. For facilities that do not offer TOLL-BY-PLATE, the administrative charge will be added to each notice of unpaid toll, in addition to the unpaid toll amount based on the cash toll rate applicable to the location.
- (9) Unpaid Invoice. A TOLL-BY-PLATE customer has 30 calendar days from the date on the invoice to pay the total toll amount and the administrative charge. If the invoice has not been paid in full within those 30 days, a second invoice with an additional administrative charge will be sent. If the total amount of unpaid tolls and administrative charges is not paid within 30 days after the date on the second notice, a Uniform Traffic Citation will be created and sent to the customer for each individual unpaid toll transaction associated with the original invoice.

Go to tollbyplate.com for further information.

Return portion below with payment. ▼

You may pay your invoice online at tollbyplate.com/invo	DICE
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- ▶ Payment accepted by check or money order only. DO NOT SEND CASH OR TEMPORARY CHECKS!
- ▶ Please include the invoice ID number on the face of your check or money order to ensure proper application of the payment.
- DO NOT fold, staple or paperclip contents.

Address Change	and a collection		
New Address			
City	State	Zip	

Questions? Contact TOLL-BY-PLATE Customer Service Center via:

Phone: 888-824-8655 Email: TBPInvoice@dot.state.fl.us

Mail: Florida Department of Transportation, TOLL-BY-PLATE
PO Box 105477, Atlanta, GA 30348-5477.



### Collection agency invoice examples:



6565 KIMBALL DRIVE SUITE 200 GIG HARBOR WA 98335

Telephone: 1-253-620-2222 / 1-800-456-8838

Name: SAMPLE

PIN · AX

June 27, 2008

Account Number: 3958725

Client Reference Number: 123456789

Client: SAMPLE CLIENT

Your account has been reported past due, and has now been placed with AllianceOne for immediate collection efforts. It is important to contact us as soon as possible. If remitting payment, please include the payment stub below and be sure your account number appears on your check or money order. All contacts and payments are to be made through this office to ensure proper posting and credit reporting.

You may be eligible for a time payment program. Please contact us for details.

For your convenience you can now make your debit card or credit card payment towards your AllianceOne account online at: <a href="http://www.payaoi.com">http://www.payaoi.com</a>.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute this debt or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mall you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This communication is from a debt collector. This is an attempt to collect a debt, and any information obtained will be used for that purpose.

	NACE TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	ACCOUNT IN	FORMATION	TO THE STATE OF TH	****
Assigned Amount	Assigned Interest	Post Assigned Interest	Other Fees or Charges	Payments Received	TOTAL BALANCE DUE
\$ 1150.00	\$ 100.79	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1250.79

> Detach Bottom Portion And Return With Payment >

PO BOX 510267 LIVONIA MI 48151-6267 RETURN SERVICE REQUESTED

nail return address only; send no letters

1-253-620-2222 / 1-800-456-8838

If you wish to pay by VISA or MasterCard, fill in the information below and return.

Credit Card Number Check One: U Visa Payment Amt: \$ Exp. Date: CVV#:

Card Holder Name\_ (Last 3 numbers on back of card) Signature of Card Holder Date

S-CUAMFC10 L-NTC1 A-3958725 O-3958725 P 100065

SAMPLE 38120 AMRHEIN LIVONIA MI 48150

ALLIANCEONE RECEIVABLES MANAGEMENT INC. PO BOX 2449 GIG HARBOR WA 98335-2449

Account Number Amount 3958725 \$ 1250.79

♠ Please send all correspondence and make check or money order payable to the above address: Daytime Phone # Evening Phone #



#### 6565 KIMBALL DRIVE SUITE 200 GIG HARBOR WA 98335

Telephone: 1-253-620-2222 / 1-800-456-8838

June 27, 2008

Name: SAMPLE

Account Number: 3958725

PIN: AX

Client Reference Number : See the reverse side of this letter or attached detail page

Client: See the reverse side of this letter or attached detail

page

Since you have failed to cooperate with us regarding the above obligation, we have assigned your account to a Special Collection Unit. They have been instructed to research and submit documentation on the following items:

- Your source of income;
- 3.
- Your savings and/or checking accounts; Your real estate ownership and equities; Your business and employment activities.

Upon completion of this research, and should it be necessary, our staff will then decide the best course of action necessary to collect the debt.

We have no desire to cause you embarrassment and wish to settle this amicably. We strongly suggest that you either contact our Collection Department within 72 hours of receipt of this letter or remit the balance in full.

#### Your account representative is: IS TEST 620-2333 OR EXT 2333

For your convenience you can now make your debit card or credit card payment towards your AllianceOne account online at: <a href="http://www.payaoi.com">http://www.payaoi.com</a>.

This communication is from a debt collector. This is an attempt to collect a debt, and any information obtained will be used for that purpose.

ACCOUNT INFORMATION					
Assigned Amount	Assigned Interest	Post Assigned Interest	Other Fees or Charges	Payments Received	TOTAL BALANCE DUE
\$ 1,150.00	\$ 0.00	\$ 100.79	\$ 0.00	\$ 0.00	\$ 1,250.79

>< Detach Bottom Portion And Return With Payment ><

PO BOX 510267 LIVONIA MI 48151-6267 RETURN SERVICE REQUESTED

↑ Mail return address only; send no letters

To contact us regarding your account, call: 1-253-620-2222 / 1-800-456-8838	If you wish to pay by VISA or MasterCare fill in the information below and return.
Credit Card Number Check One:	Visa ☐ MasterCard
Payment Amt: \$ Exp. Da	e:   /   CVV#:
Card Holder Name	(Last 3 numbers on back of card)
Signature of Card Holder	Date

S-CUAMFC10 L-SPLNONCT A-3958725 O-3958725 P 100113

SAMPLE 38120 AMRHEIN LIVONIA MI 48150

ALLIANCEONE RECEIVABLES MANAGEMENT INC. PO BOX 2449 GIG HARBOR WA 98335-2449

Account Number	Amount
3958725	\$ 1250.79

↑ Pie.	Please send all correspondence and make check or money order payable to the above address:
Daytime Phone #	Evening Phone #

CREDITOR	ACCOUNT NUMBER	ASND AMT	ASND INT	POST INT OT	HR FEES	PAY REC	TOTAL
SAMPLE CLIENT	123456789	1,150,00	0.00	100.79	0.00	0.00	1,250.79
TOTAL	photographic control of the state of the sta	1,150,00	0.00	100.79	0.00		1,250.79



#### 6565 KIMBALL DRIVE SUITE 200 GIG HARBOR WA 98335

Telephone: 1-253-620-2222 / 1-800-456-8838

June 27, 2008

Name: SAMPLE

Account Number: 3958725

PIN: AX

Client Reference Number: See the reverse side of this letter or attached detail page

Client: See the reverse side of this letter or attached detail

page

I understand that each one of us wants to pay our obligations. Circumstances sometimes make it impossible to pay each bill as agreed. I have now been told that I can accept terms on your account(s) that will fit within your budget. You may choose your own terms.

Payments must be received at least monthly, although you can pay more frequently. Your first payment must be received in not more than thirty days.

Remember, if your account bears interest, the sooner you pay it, the less you will have to pay.

For your added convenience and immediate credit, you may pay your account at any Western Union location. Please call for

#### Your account representative is: IS TEST 620-2333 OR EXT 2333

For your convenience you can now make your debit card or credit card payment towards your AllianceOne account online at: http://www.payaoi.com .

This communication is from a debt collector. This is an attempt to collect a debt, and any information obtained will be used for that purpose.

ACCOUNT INFORMATION							
Assigned Amount	ount Assigned Interest Post Assigned Inte		Other Fees or Charges	Payments Received	TOTAL BALANCE DUE		
\$ 1,150.00	\$ 0.00	\$ 100.79	\$ 0.00	\$ 0.00	\$ 1,250.79		

>< Detach Bottom Portion And Return With Payment ><

PO BOX 510267 LIVONIA MI 48151-6267 RETURN SERVICE REQUESTED

To contact us regarding your account, call: If you wish to pay by VISA or MasterCard, 1-253-620-2222 / 1-800-456-8838 fill in the information below and return. Credit Card Number Check One: U Visa ☐ MasterCard -Payment Amt: \$ Exp. Date: CVV#: Card Holder Name (Last 3 numbers on back of card) Signature of Card Holder Date

S-CUAMFC10 L-FINL A-3958725 O-3958725 P 100037

SAMPLE 38120 AMRHEIN LIVONIA MI 48150

ALLIANCEONE RECEIVABLES MANAGEMENT INC. PO BOX 2449 GIG HARBOR WA 98335-2449

Please send all correspondence and make check

count Numbe Amount 3958725 \$ 1250.79

	or money order payable to the above address:				
Daytime Phone #	Evening Phone #				

CREDITOR	ACCOUNT NUMBER	ASND AMT	ASND	INT	POST INT	OTHR FEES	PAY REC	TOTAL
SAMPLE CLIENT	123456789	1,150.00	0	.00	100.79	0.00	0.00	1,250.79
TOTAL		1.150.00	0	.00	100.79	0.00	0.00	1,250.79

# -30-

# www.dot.state.fl.us Consistent, Predictable, Repeatable